

DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION

CASE NO. 0T 0426K

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled NASAL SPRAY COMPOSITIONS

the specification of which



is attached hereto.



was filed on _____ as U.S. Application
Serial No. _____ and was amended on

(if applicable)



was filed on _____ as PCT International
Application No. _____
and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)



Yes



No

(Number)

(Country)

(Day/Month/Year Filed)



Yes



No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

08/191,402

(Application Serial No.)

Feb. 3, 1994

(Filing Date)

PENDING

Status
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

Status
(patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

John H.C. Blasdale	- Reg. No. 31895	Warrick E. Lee, Jr.	- Reg. No. 28030
Matthew Boxer	- Reg. No. 28495	Paul G. Lunn	- Reg. No. 32743
Edwin P. Ching	- Reg. No. 34090	Anita W. Magatti	- Reg. No. 29825
Eric S. Dicker	- Reg. No. 31699	John J. Maitner	- Reg. No. 25636
Norman C. Dulak	- Reg. No. 31608	Joseph T. Majka	- Reg. No. 30570
Robert A. Franks	- Reg. No. 28605	Edward H. Mazer	- Reg. No. 27573
James M. Gould	- Reg. No. 33702	James R. Nelson	- Reg. No. 27929
Thomas D. Hoffman	- Reg. No. 28221	Paul A. Thompson	- Reg. No. 35385
Henry C. Jeanette	- Reg. No. 30856		

SEND CORRESPONDENCE TO: JOHN J. MAITNER SCHERING-PLOUGH CORPORATION PATENT DEPT. K-6-1-1990 2000 GALLOPING HILL ROAD KENILWORTH, NEW JERSEY 07033	DIRECT TELEPHONE CALLS TO: (name and telephone number:) JOHN J. MAITNER (908) 298 - 5068
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Joseph A. Haslwanter

Inventor's Signature _____ Date _____

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Citizenship United States of America

Post Office Address same

Full name of second joint inventor, if any William F. Rencher

Inventor's Signature _____ Date _____

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Post Office Address same

Full name of third joint inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fourth joint inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____